



DIS260 - Livestock Carcasses: Application for Disposal without a Permit

Disposal Without a Permit Authorized by K.S.A. 65-3407c(a)(5)

NOTE: This application applies to disposal of whole, unprocessed livestock carcasses. If animals died of disease, approval by the Kansas Department of Agriculture (KDA) may be required.

Applicant Information

Individual or organization name _____
Contact name (printed) _____
Position/Title _____
Mailing address _____
Phone _____ E-mail _____

Waste and Disposal Information

Type of animals _____
When did animals die? _____
How did animals die? _____
Number of carcasses _____ Average weight per carcass _____
Date disposal will begin _____ Projected date disposal will end _____

Disposal Site Information

Is this a pre-selected disposal site? ☐ Yes ☐ No If "Yes", provide Feedlot Identification Number _____
County _____ Legal description 1/4 _____ 1/4 _____ Sec _____ Twp _____ Range _____
Disposal site address _____
Property owner: ☐ Same as applicant and applicant contact. [If not the same, complete the following.]
Property owner _____
Contact name (printed) _____
Position/Title _____
Mailing address _____
Phone _____ E-mail _____

Applicant Requirements

1. Disposal may only take place during the disposal period approved by the Kansas Department of Health and Environment (KDHE).
2. Proper procedures will be followed to minimize threats to human health and the environment.
3. The design and construction of the disposal unit will be determined in coordination with KDHE.
4. The material disposed of will only be carcasses described in this application (unless approved in writing by KDHE).
5. No carcasses may be brought to the site after the approved disposal period (unless approved in writing by KDHE).
6. After disposal is complete, the disposal area will be covered with **at least of 3 feet of soil** and seeded, rocked, or paved (unless otherwise approved in writing by KDHE). The final grades for the area will: be compatible with and not detract from the appearance of adjacent properties; facilitate drainage from the area; and prevent ponding of water.

Additional Applicant and/or Property Owner Requirements *[Applicable if initiated by a KDHE or KDA representative]*

____ APPLICANT: Comply with all additional requirements specified by the KDA-Division of Animal Health (DAH).

____ PROPERTY OWNER: Within 30 days of site closure, prepare and file a restrictive covenant with the County Register of Deeds. Submit a copy of the filed restrictive covenant to KDHE* within 30 days of filing. A restrictive covenant form is available on the KDHE Bureau of Waste Management website (Form DS130).

____ APPLICANT: Within 60 days of site closure, submit to KDHE* the following: (1) an "as-built" sketch or aerial photo (e.g., Google Earth) of the site, showing the location and dimensions of the disposal pit, property lines, and nearby structures, roads, water bodies, etc; and (2) plans for site maintenance and repair.

* Submit information to KDHE by mail to the address at the bottom of page 1 or by email to kdhe.bwmweb@ks.gov

Applicant Certification

I, the applicant or authorized representative, agree to all applicant requirements specified in this document.

SIGNATURE _____ DATE _____

☐ Same as applicant contact on page 1. *[If not the same, complete the following.]*

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Property Owner Approval and Certification *[If the property owner is the applicant, please sign again.]*

I, the disposal site property owner or authorized representative, agree to the following:

1. This property may be used for disposal as described in this document.
2. The applicant may access the site as necessary to operate and close the disposal site.
3. The property owner will comply with all property owner requirements specified in this document.

SIGNATURE _____ DATE _____

☐ Same as property owner or property owner contact on page 1. *[If not the same, complete the following.]*

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Local Government or Zoning Authority Approval

Local Gov/Zoning Auth Name _____

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

KDA-DAH Approval *[if animals died of disease]*

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Comment _____

KDHE Approval

Approved disposal period _____

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Comment _____